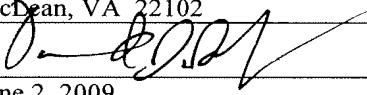


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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/532,022 |
| | | Filing Date | 05/31/2005 |
| | | First Named Inventor | Peter MIKKELSEN et al. |
| | | Group Art Unit | 3724 |
| | | Examiner | Phong H. Nguyen |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 742113-34 |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment After Panel Decision / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Replacement Drawing – Fig. 2 <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Revocation of Power of Attorney with New Power of Attorney 2. Statement Under 37 CFR 3.73(b) |
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| Firm or Individual name | David S. Safran, Reg. No. 27,997 Roberts Mlotkowski Safran & Cole, P.C. PO Box 10064 McLean, VA 22102 |
| Signature |  |
| Date | June 2, 2009 |

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